									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD														
Effective October 1, 2000 09 / 8283 0/														
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN			
TOTAL CLAIMS							RAT	E	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 355.00		OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			63 min	us 20=	. 43		X\$	X\$ 9=		OR	X\$18=	774		
INDEPENDENT CLAIMS			5 mil	nus 3 =	3		X40=			OR	X80=	24°C		
ML	LTIPLE DEPEN	DENT CLAIM P	RESENT				+135=		OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2								AL		OR	TOTAL	1644		
CLAIMS AS AMENDED - PART II									-	1	OTHER	//		
(Column 1) (Column 2) (Column 3)								LL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 6 Y	Minus	6	3	=	X\$ 9)=		OR	X\$18=	18		
AME	Independent - 3		Minus			=	X40	=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 5=		OR	+270=			
								TAL		1 1	TOTAL	12		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE OR ADDIT. FEE						
AMENOMENT B	A CONTRACTOR OF THE PARTY OF TH	CLAIMS REMAINING	Constitution of the second	HIGH	IEST BER	PRESENT			ADDI-			ADDI-		
	tu.	AFTER AMENDMENT		PREVI PAID	OUSLY FOR	EXTRA	RAT	E	TIONAL FEE		HATE	TIONAL FEE		
	Total	. 60	Minus		5 4	-	X\$ 9)=		OR	X\$18			
AM	Independent	Independent - 3 M FIRST PRESENTATION OF MUL				CLAIM		=		OR	X80=			
-								i=		OR	+270=			
٠	•									ОЯ	TOTAL ADDIT. FEE	7		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C	rassent a la mas lassa	CLAIMS REMAINING AFTER AMENDMENT	Mile bate sugar	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
₩ Q	Total	•	Minus	**		=	X\$ 9	Ξ.		OR	X\$18=			
ME	Independent	•	Minus	***		=	X40			OR	X80=	-		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR														
	The "Highest Num	ber Previously Pa	d For" (Total or	Independ	ent) is the	highest number	r found in th	e ap _l	propriate box	cin col	lumn 1.			

FORM PTO-875 (Rev. 8/00)

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